

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER(S) AND CERTIFICATION

Substitute Form W-9

Each person or organization doing business with the Commonwealth of Virginia must provide the following information.

Vendor Name & Address (please answer carefully):

Other (d/b/a) Name: _____
(Name other than "legal" name below: e.g. trade, t/a or d/b/a name)

Legal (IRS) Name: _____
(Must correspond with identification number on file with the Internal Revenue Service)

Organization Taxpayer Identification Number (TIN): Complete only one

FEIN: Employer Identification
Number

-

or

SSN: Social Security No:

-

-

Organization Type (Check only one):

| | | | | | |
|--------------------------|---------------------------|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | Medical Corporation | <input type="checkbox"/> | Corporation | <input type="checkbox"/> | Professional Corporation (P.C.) |
| <input type="checkbox"/> | Law Firm, PC (Atty. Svc.) | <input type="checkbox"/> | Federal Government | <input type="checkbox"/> | (LLC) treat as Corp. for tax—Limited Liability Co. |
| <input type="checkbox"/> | Sole Proprietorship | <input type="checkbox"/> | State Government | <input type="checkbox"/> | Non-profit Corporation |
| <input type="checkbox"/> | Partnership | <input type="checkbox"/> | Local Government | <input type="checkbox"/> | Tax Exempt (charitable, non-profit, religious, edu., or foreign) |
| <input type="checkbox"/> | Trust | <input type="checkbox"/> | Other Political Subdivision (e.g. Authority, Commissions, etc. | <input type="checkbox"/> | (LLC)—treat as Partnership for tax—Limited Liability Co. |
| <input type="checkbox"/> | Estate | | | | |

Remittance Address:

Mailing Address:

Contact Person: _____ Telephone: (_____) _____

Toll Free Telephone: (_____) _____ Fax No: (_____) _____

Is your organization a "minority" business? Yes ☐ No ☐

"Minority Business Enterprise" means a business in which at least 50% is owned by minority group members.

A publicly owned business in which at least 51% of the stock is owned by minority group members.

"Minority Group Members" means citizens of the United States who include, but are not limited to, Blacks,
Spanish Speaking, Oriental, Indians, Eskimos and Aleuts.

Is your organization (association, club, religious, charitable, educational or other group) tax exempt under IRS
Code Section 501(a) or any other IRS code section? Yes ☐ No ☐ . If yes, specify code _____

Are you a real estate agent? Yes ☐ No ☐

Are you subject to "backup withholding"? Yes ☐ No ☐ (NOTE: If "YES", we withhold 31% of pay)

Certification: Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- (2) I am not subject to "backup withholding" because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

IRS code section 6109 requires you to give your correct TIN to persons who must file information returns with the IRS to report income paid to you. The Commonwealth is required by the IRS to withhold 31% of payments made to payees who do not provide a TIN.

Signature: _____ Date: _____